U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application g PATENT APPLICATION FEE DETERMINATION RECORD **Docket Number** Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FFF (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = X \$ X \$ OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS X \$ = (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT RATE ADDI-REMAINING NUMBER RATE ADDI-**EXTRA** TIONAL TIONAL **PREVIOUSLY AMENDMENT** AFTER FEE FEE AMENDMENT PAID FOR Minus (37 CFR 1.16(c)) x s ÓR Independent (37 CFR 1.16(b)) Minus x s = OR X \$ = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ PRESENT RATE ADDI-RATE REMAINING NUMBER ADDI-TIONAL **EXTRA** TIONAL NDMENT AFTER **PREVIOUSLY** AMENDMENT FEE PAID FOR Total (37 CFR 1.16(c)) Minus X S OR Minus Independent (37 CFR 1.16(b)) Ш = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-PREVIOUSLY **EXTRA** TIONAL TIONAL ENDMENT **AFTER** AMENDMENT PAID FOR FEE FEE Minus Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

I								Application or Docket Number					
	PATENT A	APPLICATIO Effect	120390L4398										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			28				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 8			X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS			<i>Û</i> minus 3 =		· 3			X40=		OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	<u> </u>	
• If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL	1134	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
9	22103	(Column 1)	Non-community rocks	(Colur		(Column 3)	_	SMALL I	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS. REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 28	Minus	·· 2	8	=		X\$ 9=		OR	X\$18=		
AME	Independent	· 6	Minus	••• (0	= /	Γ	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM	-/	-	+135=		OR	+270=		
i	11			-		·	AD.	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
_ i	16/04	(Column 1)	(Column 2) (Column 3)										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT/ EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·][Minus	• 2	?	= /	;	X\$ 9=		OR	X\$18=		
	Independent	· φ NTATION OF MI	Minus	••• C	CLAIM	= /		X40=		OR	X80=		
							•	135=		OR	+270=		
راد	1. (,					AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	0104	(Column 1)		(Colur		(Column 3)	1						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 20	Minus	•• 0	8	=	,	X\$ 9=		OR	X\$18=	7	
	Independent .	. 10	Minus	••• (2	= /		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┡						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								135=		OR	+270=		
•••	f the "Highest Nur If the "Highest Nur	nber Previously Pa mber Previously Pa ther Previously Pa	aid For IN THI aid For IN THI	S SPACE I	s less than is less tha	n 20, enter "20." n 3, enter "3."	AUI	TOTAL DIT. FEE	morists ba		TOTAL ADDIT: FEE		

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